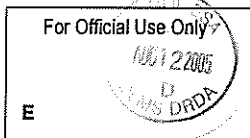


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5466</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>ALLEN</u> <u>D</u> <u>GRAYSON</u> P.O. Box, Bldg., Room No., if any _____ Street <u>851 PIERCE BUTLER RTE</u> City <u>ST. PAUL</u> State <u>MIN</u> ZIP Code + 4 <u>55104-1634</u>	4. Name, file number, and address of labor organization. Name <u>IRON WORKERS LOCAL #512</u> Labor Organization File Number <u>072-158</u> P.O. Box, Building and Room Number, if any _____ Street <u>851 PIERCE BUTLER RTE.</u> City <u>ST. PAUL, MN</u> State <u>MIN</u> ZIP Code + 4 <u>55104-1634</u>
5. Position in labor organization. <u>TRAINING COORDINATOR & REC. SEC.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>7-6-05</u> Date	<u>651-488-1488</u> Telephone Number

Name of Person Filing

ALLEN D. GRAYSON

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TWIN CITY TRIMWORKERS APP. & TRAINING FUNDTrade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 500Street 3001 METRO DRIVECity BLOOMINGTONState MN ZIP Code + 4 55425-1412

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDES APPRENTICE TRAINING AND
JOURNEYMAN UPGRADING SERVICES

11.b. Approximate dollar value of such dealing.

\$300,000.00

12.a. Nature of interest held or income received.

BOX LUNCHEES PROVIDED IN CONNECTION
WITH ATTENDANCE AT THE LOCAL
AND REGIONAL JOINT APPRENTICESHIP
COMMITTEE TRUSTEE MTGS., HELD ON
1/28/04, 4/7/04, 8/12/04, 9/29/04, &
10/6/04 RESPECTIVELY.

12.b. Amount.

\$50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>ALLEN D. GRAYSON</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>NAT'L. IRONWORKERS & EMPLOYERS APP. TRAINING</u></p> <p>Trade Name, if any: <u>& JOURNEYMAN UPGRADING FUND</u></p> <p>P.O. Box, Bldg., Room No., if any <u>SUITE 400</u></p> <p>Street <u>1750 NEW YORK AVE. N.W.</u></p> <p>City <u>WASHINGTON</u></p> <p>State <u>D.C.</u> ZIP Code + 4 <u>20006</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>PROVIDES TRAINING PROGRAMS TO LOCAL UNION EMPLOYEES AND INSTRUCTORS.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>UNKNOWN</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>PER DIEM EXPENSE IN CONNECTION WITH ATTENDANCE AT THE INTL. IRONWORKERS APPRENTICESHIP COMPETITION AND APPRENTICESHIP CONFERENCE HELD ON 9-9-04 THROUGH 9-15-04 AT SAN FRANCISCO, CA.</u></p> <p>12.b. Amount. <u>\$640.00</u></p>

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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Name of Person Filing <u>ALLEN D. GRAYSON</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>NAT'L Ironworkers & Employers App. Training</u></p> <p>Trade Name, if any: <u>A Journeyman Upgrading Fund</u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 400</u></p> <p>Street <u>1750 New York Ave. NW</u></p> <p>City <u>WASHINGTON</u></p> <p>State <u>D.C.</u> ZIP Code + 4 <u>20006</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>PROVIDES AUDITING SERVICES TO AMERICAN WELDING SOCIETY ACCREDITED TEST (WELD) FACILITIES OF UNION IRON WORKER TRAINING PROGRAMS.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>UNKNOWN</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>PER DIEM EXPENSE IN CONNECTION WITH ATTENDANCE AT ACCREDITED WELD TEST FACILITIES.</u></p> <p>12.b. Amount. <u>\$ 320.00</u></p>

Name of Person Filing <i>Allen D. Grayson</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>Twin City Iron Workers Appr. & Trng. Fund</i></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <i>Suite 500</i></p> <p>Street <i>3001 Metro Drive</i></p> <p>City <i>Bloomington</i></p> <p>State <i>MN</i> ZIP Code + 4 <i>55425-1412</i></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p><i>Provides Apprenticeship Training & Journeyman Skill Upgrading Services.</i></p> <p>11.b. Approximate dollar value of such dealing. <i>\$ 300,000</i></p> <p>12.a. Nature of interest held or income received.</p> <p><i>Meal provided in connection with investigation and review of potential sites to house the apprenticeship training program in the future</i></p> <p>12.b. Amount. <i>\$ 28-</i></p>